

BLANKET PURCHASE ORDER

STATE OF MARYLAND

***** STATE OF MARYLAND *****

BPO NO: 001B8400263

PRINT DATE: 08/16/18

PAGE: 01

SHIP TO: AS SPECIFIED ON INDIVIDUAL ORDERS		
VENDOR ID: A S B 2 ENTERPRISES INC 2835 MAYFIELD AVE BALTIMORE, MD 21213 (443)392-4057	REFER QUESTIONS TO: SHARON VANZIE (410)767-4024 SHARON.VANZIE1@MARYLAND.GOV	
ITB: 001IT820686	EXPR DATE: 03/01/21 POST DATE: 02/06/18	DISCOUNT TERMS: . NET 30 DAY CONTRACT AMOUNT: 180,000.00

TERMS:

ARTICLES HEREIN ARE EXEMPT FROM MARYLAND SALES AND USE TAXES BY EXEMPTION CERTIFICATE NUMBER 3000256-3 AND FROM FEDERAL EXCISE TAXES BY EXEMPTION NUMBER 52-73-0358K. IT IS THE VENDOR'S RESPONSIBILITY TO ADVISE COMMON CARRIERS THAT AGENCIES OF THE STATE OF MARYLAND ARE EXEMPT FROM TRANSPORTATION TAX.

DEPT OF HUMAN SERVICE/JANITORIAL SERVICES FOR 3007 E.BIDDLE STREET

AGENCY FUNDING SOURCE

18	G3010	0804	91039	72400	\$15,000
19	G3010	0804	91039	72400	\$45,000
19	G3010	0804	91039	72400	\$15,000
20	G3010	0804	91039	72400	\$45,000
20	G3010	0804	91039	72400	\$15,000
21	G3010	0804	91039	72400	\$45,000

VENDOR CONTACT-AARON BELL.AARONBELL241@GMAIL.COM,443-392-4057

AGENCY CONTACT -

ERNESTINE.PURDY,443-378-4639,ERNESTINE.PURDY@MARYLAND.GOV

RETAIN IFB FOR FUTURE REFERENCE

THIS CONTRACT IS A SBR-SB12-18899

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<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>
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0001	91039	LT	
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JANITORIAL/CUSTODIAL SERVICES

JANITORIAL/CUSTODIAL SERVICES

THIS CONTRACT IS TO PROVIDE JANITORIAL SERVICES FOR THE DEPARTMENT OF HUMAN SERVICES(DHS)/FOSTER CARE SERVICE TO FAMILIES WITH CHILDREN AND ADOPTION UNIT LOCATED AT 3007 E.BIDDLE STREET,BALTIMORE,MD. THE TERM OF THE CONTRACT IS FOR THREE (3) YEARS BEGINNING MARCH 1,2018 THROUGH FEBRUARY 28,2021.THIS CONTRACT HAS TWO(2),ONE(1) YEAR RENEWAL OPTIONS.

_____ END OF ITEM LIST _____

THE BLANKET PURCHASE ORDER (BPO) ISSUED AS A RESULT OF THE INVITATION TO BID (ITB) AND ANY SUBSEQUENT AMENDMENTS, MODIFICATIONS OR OPTIONS ISSUED RELEVANT TO THE ITB OR BPO, SHALL COMPLY WITH ALL OF THE TERMS, CONDITIONS AND SPECIFICATIONS ISSUED WITH THE ITB AND ARE INCORPORATED IN AND MADE PART OF THE BPO.

IF THE STATE OF MARYLAND OR OTHER REGULATORY BODY REQUIRES A LICENSE OR CERTIFICATE TO PERFORM THE SERVICES REQUIRED, PLEASE PROVIDE THE LICENSE NUMBER AND DATE OF ISSUANCE.

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LICENSE NUMBER

DATE OF EXPIRATION

IF YOU ARE A DEPARTMENT OF TRANSPORTATION CERTIFIED MINORITY

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TERMS (cont'd):

BUSINESS, PLEASE PROVIDE YOUR CERTIFICATION NUMBER.

MDOT'S MBE CERTIFICATION NUMBER

***** LAST PAGE *****

AUTHORIZED BY: _____ **DATE:** _____

BUYER AUTHORIZED DESIGNEE